

CITY OF PLEASANT HILL

(925) 671-5209
FAX (925) 676-1125

100 Gregory Lane
Pleasant Hill, CA
94523

PARTICIPANT DISCLOSURE FORM

To be completed only if contributions totalling \$250 or more have been made.

Participant's Name: _____

Participant's Address _____

Application

Title and Number: _____

Council or commission member(s) to whom you and/or your agent made campaign contributions totalling \$250 or more and dates of contribution(s):

Name of Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

Name of Member _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

Name of Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

Signature of Participant
and/or Agent: _____

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Rev/10-90